



Vaccine Order Form

Fax order to (801) 538-9322

VFC PIN

Date Submitted		Clinic Name			Phone with Area Code		
Delivery Address (no PO Boxes)							<input type="checkbox"/> Check if new address
Person Completing Order (Print)				VFC Contact Person (Print)			<input type="checkbox"/> Check if new VFC Contact
All sections must be completed for your order to be processed. Orders submitted without current VFC inventories will not be accepted.							
VACCINE	ALL VFC DOSES IN INVENTORY	BRAND NAME (MANUFACTURER)	DOSES ORDERED	PACKAGING	VFC PROGRAM USE ONLY		
					Doses Filled	Doses Back Ordered	VacMan Entry Date
VACCINES STORED IN THE REFRIGERATOR 35° - 46° F (2° - 8° C)							
DT (<7 yrs)		Per State Contract		Single dose vials - 10 per box			
DTaP		<input type="checkbox"/> DAPTACEL (Sanofi)		Single dose vials - 10 per box			
		<input type="checkbox"/> Tripedia (Sanofi)		Single dose vials - 10 per box			
		<input type="checkbox"/> Infanrix (GSK)		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
DTaP-Hep B-IPV		PEDIARIX (GSK)		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
DTaP-HIB		TriHIBit (Sanofi) - 4 th dose only		Single dose vials - 5 per box			
e-IPV		IPOL (Sanofi)		<input type="checkbox"/> 10 dose vial - 1 per box <input type="checkbox"/> Single dose syringes - 10 per box			
Hep A		<input type="checkbox"/> VAQTA (Merck)		Single dose vials - 10 per box			
		<input type="checkbox"/> Havrix (GSK)		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
Hep B (Preservative Free)		<input type="checkbox"/> RECOMBIVAX HB (Merck)		Single dose vials - 10 per box			
		<input type="checkbox"/> ENGERIX-B (GSK)		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
Hep B-HIB		COMVAX (Merck)		Single dose vials - 10 per box			
HIB		<input type="checkbox"/> ActHIB (Sanofi)		Single dose vials - 5 per box			
		<input type="checkbox"/> PedvaxHIB (Merck)		Single dose vials - 10 per box			
HPV		GARDASIL (Merck)		Single dose vials - 10 per box			
MCV4		Menactra (Sanofi)		Single dose vials - 5 per box			
MMR		MMR II (Merck)		Single dose vials - 10 per box			
PCV7		Prevnar (Wyeth)		Single dose syringes - 10 per box			
RTV		RotaTeq (Merck)		Single dose tubes - 10 per box			
Td (≥7 yrs) (Preservative Free)		DECAVAC (Sanofi)		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 10 per box			
Tdap		<input type="checkbox"/> BOOSTRIX (GSK) 10-18 yrs		<input type="checkbox"/> Single dose vials - 10 per box <input type="checkbox"/> Single dose syringes - 5 per box			
		<input type="checkbox"/> ADACEL (Sanofi) 11-18 yrs*		Single dose vials - 10 per box			
VACCINES STORED IN THE FREEZER 5° F or below (-15° C or below)							
Varicella		VARIVAX (Merck)		Single dose vials - 10 per box			
**Note: If the vaccine brand selected is not available orders will be filled with a vaccine brand in inventory.							

Instruction for Completing the VFC Vaccine Order Form

To ensure that your vaccine order is processed as quickly as possible, the VFC Vaccine Order Form **must** be fully completed. Fill in all blank sections of the form. Orders submitted on outdated forms may delay the processing of your vaccine order.

Please place orders according to your designated ordering schedule (monthly, every other month, quarterly). If you are not familiar with your clinics ordering schedule please contact your regional representative at (801) 538-9450.

Instructions:

1. Enter clinic's VFC PIN -- Use on all orders

Provider Identification Number assigned to your clinic by the Utah VFC Program.

2. Enter Date Submitted

Date clinic submits the order to the Utah VFC Program.

3. Enter Clinic Name

Name of healthcare provider enrolled as a VFC provider. Please notify the Utah VFC Program if clinic name changes.

4. Phone Number with Area Code

Number to contact you if there is a question regarding your order.

5. Specify the delivery address

To ensure vaccine is delivered to the correct address please provide us with the current vaccine delivery address. Check the box if this is a new address.

6. Enter Name of Person Completing Order

Print clearly the person completing the order form so we may contact you if there is a question regarding your order.

7. Enter Name of VFC Contact Person

Print clearly the person responsible for the VFC Program in your clinic. Check the box if this is a new VFC Contact.

8. List current inventory of all VFC vaccines

List the **total** amount of VFC vaccine on-hand in your refrigerator/freezer for each vaccine type. Orders submitted without VFC inventories **will not** be accepted. Do not report inventory of privately purchased vaccines.

9. Select product choice and indicate the number of vaccine doses requested

If vaccine brand selected is not available, orders will be filled with a vaccine brand in inventory. The number of doses requested should be in multiples of 5 or 10 depending on the available packaging for that vaccine.

10. Indicate packaging preference for requested product.

When indicated, check your choice of product packaging. If you do not specify a packaging preference or the packaging is not available, the Utah VFC Program will send vaccine that is currently in inventory.

Always keep a copy for your records!

Fax the completed vaccine order form to the Utah VFC Program at (801) 538-9322

Helpful Hints for Ordering Vaccine

Vaccine deliveries are determined by the day of the week the order is received by the Utah VFC Program and the delivery days/times indicated on your *Provider Profile and Enrollment* form.

- Vaccines are shipped from McKesson Speciality Distribution in Memphis TN on Monday, Tuesday, or Wednesday. No vaccines are shipped from the depot on Thursday or Friday to avoid weekend delivery and vaccine spoilage.
- Varicella is shipped separately from other vaccines. These vaccines are shipped directly from Merck.

For questions regarding vaccine orders, call the Utah VFC Program at (801) 538-9450.